THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA):
(a) Yes, Sir.

(b) It does appear from the available surveillance date that HIV infection has started percikating from highrish behaviour groups to general population.

(c) There being no vaccine or treatment of HIV/AIDS in sight as of now, the thrust of the educational campaign under the National AIDS Control Programme is on creation of awareness about HIV/AIDS and influencing risk-behaviour among all the vulnerable sections, including housewives.

Human Organ Transplantation racket in the Country

670. SHRI CHIMANBHAI MEHTA:
SHRIMATI RENUKA CHOWDHURY:

Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that Human Organ Transplantation racket is going on in the country and recently some startling cases have occurred;

(b) if so. the details of the Human Organs rackets, the methods applied for carrying out this racket and people involved hi the same;

(c) whether the law passed by Parliament on Human Organ Transplantation is notified for implementation; if so, the details thereof; and

(d) the number of States which have ratified this Act?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA):
(a) Yes, Sir.

(b) As per information received from Government of Karnataka, based on complaints regarding illegal removal of kidneys from unsuspecting blood donors in Karnataka, two FIRs have been lodged on 21-1-95 and 29.1.95 respectively. One doctor was arrested in Karnataka and later on released on bail. Two other doctors have been de-registered by the Karnataka Medical Council.

(c) The Transplantation of Human Organs Act, 1994 and the Rules framed (hereunder were brought into force on 4-2-95 which are applicable in the States of Himachal Pradesh, Maharashtra and Goa and all Union Territories.

id) No other State has ratified the Act so far.

गरीब लोगों के लिए चिकित्सीय सुविधाओं और दवाइयों संबंधी योजना

671. श्री रामजीलाल : क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार प्रत्येक गरीब और बीमार आदमी को और दवाइयां प्रदान करने में सक्षम है ;

(ख) यदि हां, तो इस संबंध में केंद्र सरकार की क्या योजना है तथा कितनी आमदनी वाले लोगों को स्वास्थ्य सेवा और दवाइयां उपलब्ध कराई जाती हैं ;

(ग) इस संबंध में क्या मानदंड हैं ;

(घ) क्या सरकार ने इस बात का सर्वेक्षण करवाया है कि राज्यों में बीमार व्यक्तियों को दवाइयां दी जाती हैं तथा कितने लोगों को दवाइयां मिलती हैं ; तत्संबंधी ब्यौरा क्या है ;

(ङ) इस बारे में केंद्र सरकार ने क्या निरीक्षण किया है ; और

(च) क्या प्रत्येक व्यक्ति को एक्स-रे करवाने और ऐसी ही दूसरी मुफ्त जांचें करवाने की सुविधा प्राप्त है; यदि हां, तो इसका ब्यौरा क्या है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (डा० सी० सिल्वेरा) : (क) से (च) चूंकि "स्वास्थ्य" राज्य का एक विषय है, इसलिए निर्धन और बीमार

व्यक्तियों को चिकित्सा सुविधाएं एवं दवाइयां प्रदान करना राज्य सरकारों की मुख्य जिम्मेदारी है । केन्द्रीय सरकारी अस्पतालों में निर्धन व्यक्तियों को मुफ्त औषधों सहित मुफ्त चिकित्सा सुविधाएं प्रदान की जाती हैं ।

Committee to investigate outbreak of Disease in Beef and Surat

672. SHRI SURESH PACHOURI: Will the PRIME MINISTER be pleased to state:

(a) whether Government have set up a high level Committee to investigate aspects relating to diagnosis of the outbreak of disease in Beed and Surat:

(b) if so, whether the Committee has submitted its report; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) to (c) A Technical Advisory Committee to determine factors responsible for the outbreak of plague and other related matters to avoid recurrence of of the outbreak in future was constitutes on 11th October, 1994. The Committee in their Interim Report. presented on 6th February 1995; made the following recommendations:—

(i) active surveillance with the infrastructure presently in existence be continued and intensified;

(ii) networking of surveillance in areas of human risk not only in Surat and Beed, but also in other possible enzootic foci be developed.

The Committee is expected to submit its final report by April. 1995.

Strikes in AIIMS and Safdarjang Hospitals

673. SHRI P. UPENDRA: Will the PRIME MINISTER be pleased to state:

(a) whether there have been strikes and work stoppags in the All India Institute of Medical Sciences and the Safdarjung hospital, recently;

(b) what are the reasons for these strikes; and

(c) what, steps Government propose to take to normalise services in these hospitals?

THE MINISTER OF STATE IN T5HE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) Yes, Sir.

(W) In case of AIIMS. the striking Resident Doctors are demanding withdrawal of termination order of a Sr. Resident Doctor and in case of Safdarjung Hospital the Resident Doctors demanded more residential accommodation.

(c) The strike in Safdarjung Hospital has been called off and in case of AIIMS the Government is making efforts to normalise the Hospital services.

Termination of Services of Resident Doctors in AIIMS

674. MISS SAROJ KHAPARDE: Will the PRIME MINISTER be pleased to state:

(a) whether the AIIMS authorties have 'recently terminated the services of 80 Ad-hoc resident doctors who were part of the 171 resident doctors who had recently submitted mass resignations;

(1>) if so, what are the details thereof; and

(c) w*hat action the Ministry propose to take in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE. (DR. C SILVERA): (a) The services of 75 Sr. Resident Doctors working on ad-hoc basis have been terminated for taking part in 'ha strike.